

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>al0101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW STANDARD SENIOR LIVING AT EGG HARBOR T</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Initial Inspection of New Construction of a 160 Residential Unit building for a total of 166 Licensed Assisted Living beds.</p> <p>CENSUS: 0</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1083	<p>8:36-16.1(b) Physical Plant</p> <p>(b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/28/22, it was determined that the facility failed to place an</p>	A1083		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE


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A1083	<p>Continued From page 1</p> <p>annunciator panel for the emergency generator in a location that could be monitored by operating staff in their regular work station, 24 hours a day in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23, for use group I-2 (health care) occupancy. The evidence included the following:</p> <p>Reference: 1) New Jersey Uniform Code 5:23 emergency power Chapter 27 Electrical Section 2702 emergency and standby power systems, 2702.1 Installation. Emergency and standby power systems shall be installed in accordance with ICC Electrical Code, NFPA 110 and NFPA 111.</p> <p>A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular workstation.</p> <p>On 7/28/22 at 11:08 a.m. during a tour of the first floor and in the presence of the Maintenance Director (MD), the surveyor opened the door to a room marked, "electrical/fire panel." When entering the room, the surveyor observed the generator annunciator panel. In an interview at this time, the surveyor asked the Maintenance Director (MD) if this was the only place there was an annunciator. The MD confirmed that this was in fact the only annunciator panel. He also explained that this room was to be locked at all times thereby preventing the panel from being visible to staff at all times. The MD mentioned to the surveyor that there was staff at the front desk 24/7.</p> <p>At 11:38 A.M., the Executive Director (ED) explained to the surveyor that this was not the</p>	A1083		






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A1083	Continued From page 2  case as the door was to be kept locked at all times which prevented this area housing the annunciator panel from being visible for monitoring by operating staff 24 hours a day.	A1083		
A1097	8:36-16.6 Physical Plant  All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.          This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility documentation, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the facility as required by the New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy and National Fire Protection Association (NFPA) 13 Installation of Sprinkler Systems. This deficient practice was evidenced by the following:  Reference #1: Uniform Construction Code, Special detailed requirements based on use and occupancy section 407 group I-2, [F] 407.5 Automatic sprinkler system. Smoke compartments containing patient sleeping units	A1097		

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A1097	<p>Continued From page 3</p> <p>shall be equipped throughout with an automatic fire sprinkler system in accordance with Section 903.3.1.1. The smoke compartment shall be equipped with approved quick-response or residential sprinklers in accordance with section 903.3.2.</p> <p>Reference #2: National Fire Protection Association (NFPA) 13 Standard for the Installation of Sprinkler Systems. Installation Requirements: -8.8.4.1.1 Unobstructed Construction. -8.8.4.1.1.1 Under unobstructed construction, the distance between the sprinkler deflector and the ceiling shall be a minimum on 1 inch (25.4 mm) and a maximum of 12 inches (305 mm) throughout the area of coverage of the sprinkler.</p> <p>During the entrance conference on 7/26/22 at 10:15 a.m., the surveyor interviewed the Executive Director (ED) and the Maintenance Director (MD) of the facility and requested a copy of the Department of Community Affairs (DCA) approved architectural plans, and a copy of the facility lay out which identified the various rooms in the facility. The plans were supplied at 1:00 p.m. the following day 7/27/22 which failed to identify sprinklers in the affected area.</p> <p>On 7/26/22 at 11:05 a.m. and continuing through 7/28/22, during a tour of the building in the presence of the Maintenance Director (MD), the surveyor observed that the facility failed to provide proper fire sprinkler protection in the following locations:</p> <p>1. a. On 7/26/22 at 11:05 a.m. in resident unit  in the presence of the Maintenance Director (MD), the surveyor opened the resident room closet door and observed that there was no</p>	A1097		

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A1097	<p>Continued From page 4</p> <p>sprinkler head. The surveyor asked the MD whether he observed a sprinkler head in the closet to which he confirmed he did not see one either. Upon surveyor request, the MD obtained a ladder, raised the ceiling tiles and confirmed that there was no sprinkler piping in the space above the ceiling tiles. After observing and interviewing the MD, the surveyor asked if there were any other resident rooms with closets to which the MD confirmed there were 6 in total.</p> <p>The surveyor observed the facility failure to maintain sprinkler heads in the closets of the following rooms:</p> <p>b. On 7/26/22 at 11:12 a.m. in resident unit </p> <p>c. On 7/26/22 at 11:18 a.m. in resident unit </p> <p>d. On 7/26/22 at 11:26 a.m. in resident unit </p> <p>e. On 7/27/22 at 11:48 a.m. in resident unit </p> <p>9 f. On 7/28/22 at 11:30 a.m. in resident unit </p> <p>In each room, the MD obtained a ladder, raised the ceiling tiles and confirmed with the surveyor that there was no sprinkler piping in the space above the ceiling tiles.</p> <p>2. a. On 7/28/22 at 11:40 a.m. the surveyor had the MD open the Fire Booster closet in the 1st floor corridor. The surveyor observed that there was no sprinkler and asked if the MD saw one in the closet. The MD confirmed that he did not see a sprinkler in the closet either. There were no ceiling tiles in this space that could conceal piping.</p> <p>b. On 7/28/22 at 11:48 a.m. the surveyor had</p>	A1097		

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A1097	<p>Continued From page 5</p> <p>the MD open the Fire Booster closet in the 2nd floor corridor. The surveyor observed that there was no sprinkler and asked if the MD saw one in the closet. The MD confirmed that he did not see a sprinkler in the closet either. There were no ceiling tiles in this space that could conceal piping.</p> <p>3. On 7/28/22 at 11:32 p.m. the surveyor noted that in the 1st floor elevator lobby, inside a room marked "transformer/generator," there was no sprinkler observed. The MD confirmed that no sprinkler was observed in this area.</p> <p>4. On 7/28/22 at 11:35 a.m. in the first floor elevator lobby, the surveyor inspected a room marked "Storage." The surveyor observed there was no sprinkler head in this storage room. The MD confirmed with the surveyor that there was not a sprinkler head in the storage room.</p> <p>Fire Safety Hazard.</p>	A1097		



Date: 8/16/2022

New Standard Senior Living at Egg Harbor Township

Please accept this as our Plan of Correction regarding the report received August 2, 2022

A1083

Annunciator panel for the emergency generator was not in a location that could be monitored by operating staff in their regular work station

1. The corrective action of relocating the Annunciator panel took place 8/2/22 and was placed in the main lobby area in between the front desk and nursing station. No residents have been affected.
2. By relocating the Annunciator panel no other residents will be affected or have the potential to be affected
3. Final relocation on 8/2/22 ensure there will not be any future deficient practice
4. Daily system checks, weekly checks and monthly Quality Assurance will ensure the staff is monitoring the Annunciator

A1097

Facility failed to provide proper fire sprinkler coverage to all areas of the facility

1. The corrective action to provide proper fire sprinkler protection in closets within rooms [NJ EX Order, 26461](#), [NJ EX Order, 26461](#) fire booster closets, 1<sup>st</sup> floor elevator lobby closets has been completed on 8/17/2022 and has not affected any residents
2. No other residents have the potential to be affected as the final fire sprinkler inspections have been completed and approved
3. As this is a newly completed constructed assisted living community with proper approvals there are no further systems to be put in place
4. As this is a newly completed constructed assisted living community with proper approvals there are no further systems to be put in place

Sincerely,

Trisha Kaylor, Executive Director

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER al0101	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/28/2022
NAME OF FACILITY NEW STANDARD SENIOR LIVING AT EGG HARBOR TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 6817 EBLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1083	Correction	ID Prefix A1097	Correction	ID Prefix	Correction
Reg. # 8:36-16.1(b)	Completed	Reg. # 8:36-16.6	Completed	Reg. #	Completed
LSC	08/19/2022	LSC	08/19/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/28/2022	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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